



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1835-MC-FFS

**DATE:** October 9, 2017

**TO:** Iowa Medicaid Home and Community Based Services (HCBS) Waiver and Habilitation Providers

**APPLIES TO:** Managed Care (MC) and Fee-for-Service (FFS)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** 2017 Provider Quality Management Self-Assessment

**EFFECTIVE:** Upon Receipt

The HCBS Provider Quality Management Self-Assessment process was developed as one method for the state to gather data to support the quality framework performance measures as required by the Centers for Medicare and Medicaid Services (CMS). The provider self-assessment process mirrors a CMS review process by requiring waiver providers to develop a quality improvement system of monitoring their own performance and then “showing” the state how it provides quality oversight.

The provider self-assessment requires a provider to identify that they follow the applicable policies and procedures that the state has established based on the federal HCBS waiver assurances, Iowa Administrative Code (IAC) requirements, Iowa Code, and best practices identified through previous quality oversight activities of HCBS providers. The focus of the *2017 Provider Quality Management Self-Assessment* and subsequent review activities is to assist providers in regulatory compliance and quality improvement and is a required component for enrollment as an Iowa Medicaid provider, regardless of the population of members served. Loss of enrollment with Iowa Medicaid would also result in loss of enrollment with any contracted Managed Care Organizations (MCOs).

Once the core policies and procedures have been established through the self-assessment, HCBS Quality Oversight staff utilizes four methods of discovery to verify the ongoing implementation of a provider’s quality performance activities: 1) annual self-assessment; 2) targeted review; 3) focused review; and, 4) periodic review. The reviews may be completed via desk or onsite review.

This system of provider oversight is required for all Medicaid providers enrolled to provide the following Home and Community Based Services:

- AIDS/HIV Waiver: agency Consumer Directed Attendant Care (CDAC), respite, adult day care, counseling;
- Brain Injury Waiver: behavior programming, agency CDAC, respite, supported

- community living (SCL), supported employment (SE), prevocational, interim medical monitoring and treatment (IMMT), adult day care, family counseling and training;
- Children's Mental Health Waiver: family and community support services, in-home family therapy, respite;
  - Elderly Waiver: agency CDAC (including Assisted Living providers), assisted living service, respite, adult day care, case management (including those that are Chapter 24-accredited), mental health outreach;
  - Intellectual Disability Waiver: agency CDAC, respite, SCL, SE, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living (RBSCL);
  - Health and Disability Waiver: respite, agency CDAC, IMMT, adult day care, counseling;
  - Physical Disability Waiver: agency CDAC; and,
  - Habilitation Services: day habilitation, home-based habilitation, prevocational habilitation, SE habilitation.

### **Training:**

A recorded webinar is currently available to further outline the *2017 Provider Quality Management Self-Assessment* and expectations for completion. The webinar can be found on the [Provider Quality Management Self-Assessment website](#)<sup>1</sup>. As questions come in, they will be added to the Frequently Asked Questions (FAQ) document posted at the same location.

### **Instructions for Self-Assessment and Address Collection Tool Completion**

The *2017 Provider Quality Management Self-Assessment* can be found on the [DHS website](#)<sup>2</sup>. All sections of the self-assessment must be completed in their entirety. Please read the instructions carefully.

The address collection tool will again be utilized this year as outlined in the Statewide Transition Plan (STP). The address collection tool will be distributed to providers via an email blast and should be completed and submitted at the same time as the completed self-assessment. Detailed instructions on completion of the address tool are included in the self-assessment webinar. Self-assessments will not be accepted until both documents have been received.

**The completed self-assessment and accompanying address collection tool must be received by the IME no later than December 1, 2017. Failure to submit the required documents by December 1, 2017, will jeopardize your agency's Medicaid enrollment.**

The HCBS Quality Oversight staff will confirm receipt of the materials. If an agency or HCBS Specialist identifies corrective action is required, it is the agency's responsibility to develop the corrective action plan. Technical assistance may be requested from the HCBS Specialist assigned to the agency.

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<sup>1</sup> <http://dhs.iowa.gov/ime/providers/enrollment/provider-quality-management-self-assessment>

<sup>2</sup> <https://dhs.iowa.gov/sites/default/files/470-4547.pdf>

Questions about this letter or completion of the self-assessment document should be directed to your regional HCBS Specialist. Specialists are assigned based on the county where the parent agency is located. To locate a list of the regional specialists and their contact information, visit [HCBS Waiver Provider Contacts](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/hcbs-contacts)<sup>3</sup>.

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